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VALLEY HEALTH CARE CENTER 10775 NYMAN AVENUE

Number of Residents on 12/31/03:

HAYWARD	54843	Phone: (715)	634-2202	
Operated from	1/1 To 12/31	Days of Or	eration: 3	365
Operate in Con	junction with 1	Hospital?	1	10
Number of Beds	Set Up and Sta	affed (12/31	./03): 5	59
Total Licensed	Bed Capacity	(12/31/03):		59

Ownership: Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 51

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	8
Home Health Care	No				ફ ફ		24.0
Supp. Home Care-Personal Care	No					1 - 4 Years	38.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.0	More Than 4 Years	18.0
Day Services	No	Mental Illness (Org./Psy)	26.0	65 - 74	14.0		
Respite Care	Yes	Mental Illness (Other)	10.0	75 - 84	32.0		80.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	42.0	*********	*****
Adult Day Health Care	Yes	Para-, Quadra-, Hemiplegic	2.0	95 & Over	10.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	8.0		100.0	(12/31/03)	
Other Meals	Yes	Cardiovascular	14.0	65 & Over	98.0		
Transportation	No	Cerebrovascular	12.0			RNs	10.3
Referral Service	Yes	Diabetes	2.0	Gender	용	LPNs	9.1
Other Services	Yes	Respiratory	6.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	20.0	Male	36.0	Aides, & Orderlies	37.0
Mentally Ill	No			Female	64.0		
Provide Day Programming for			100.0				
Developmentally Disabled	No			I	100.0		
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Method of Reimbursement

		Medicare			edicaid		Other		Private Pay		Family Care			Managed Care						
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	્	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	 7	100.0	296	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	14.0
Skilled Care	0	0.0	0	37	100.0	109	0	0.0	0	6	100.0	138	0	0.0	0	0	0.0	0	43	86.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		37	100.0		0	0.0		6	100.0		0	0.0		0	0.0		50	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Conditi	ons, Services, and	d Activities as of 12/	31/03
Deaths During Reporting Ferrod				 %	Needing		Total
ercent Admissions from:		Activities of	%	Ass	istance of	% Totally	Number of
Private Home/No Home Health	24.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	4.0		60.0	36.0	50
Other Nursing Homes	2.9	Dressing	24.0		58.0	18.0	50
Acute Care Hospitals	71.0	Transferring	32.0		56.0	12.0	50
Psych. HospMR/DD Facilities	0.0	Toilet Use	34.0		46.0	20.0	50
Rehabilitation Hospitals	0.0	Eating	60.0		26.0	14.0	50
Other Locations	1.4	*****	*****	* * * * * * * *	*****	******	*****
otal Number of Admissions	69	Continence		용	Special Treatmen	ts	왕
ercent Discharges To:	1	Indwelling Or Externa	al Catheter	2.0	Receiving Resp.	iratory Care	2.0
Private Home/No Home Health	31.9	Occ/Freq. Incontinent	t of Bladder	44.0	Receiving Track	neostomy Care	2.0
Private Home/With Home Health	20.3	Occ/Freq. Incontinent	t of Bowel	44.0	Receiving Suct	ioning	2.0
Other Nursing Homes	2.9				Receiving Osto	my Care	2.0
Acute Care Hospitals	1.4	Mobility			Receiving Tube	Feeding	4.0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	2.0	Receiving Mech	anically Altered Diets	32.0
Rehabilitation Hospitals	0.0						
Other Locations	1.4	Skin Care			Other Resident Cl	naracteristics	
Deaths	42.0	With Pressure Sores		2.0	Have Advance D	irectives	80.0
otal Number of Discharges	1	With Rashes		4.0	Medications		
(Including Deaths)	69				Receiving Psyc	noactive Drugs	60.0

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	Ownership: This Proprietary			Size:	Lic	ensure:						
This				-99	Ski	lled	All					
Facility	Peer	Peer Group		Group	Peer	Group	Facilities					
용	િ	Ratio	%	Ratio	용	Ratio	용	Ratio				
85.7	80.8	1.06	83.7	1.02	84.0	1.02	87.4	0.98				
82.0	73.7	1.11	72.8	1.13	76.2	1.08	76.7	1.07				
27.5	19.8	1.39	22.7	1.21	22.2	1.24	19.6	1.40				
135.3	137.9	0.98	113.6	1.19	122.3	1.11	141.3	0.96				
135.3	138.0	0.98	115.9	1.17	124.3	1.09	142.5	0.95				
70.6	62.1	1.14	48.0	1.47	53.4	1.32	61.6	1.15				
100	94.4	1.06	94.7	1.06	94.8	1.05	88.1	1.14				
98.0	94.8	1.03	93.1	1.05	93.5	1.05	87.8	1.12				
74.0	72.0	1.03	67.2	1.10	69.5	1.06	65.9	1.12				
12.0	17.7	0.68	21.5	0.56	19.4	0.62	21.0	0.57				
0.0	0.8	0.00	0.7	0.00	0.6	0.00	6.5	0.00				
36.0	31.0	1.16	39.1	0.92	36.5	0.99	33.6	1.07				
20.0	20.9	0.96	17.2	1.16	18.8	1.06	20.6	0.97				
45.2	45.3	1.00	46.1	0.98	46.9	0.96	49.4	0.91				
60.0	56.0	1.07	58.7	1.02	58.4	1.03	57.4	1.05				
6.3	7.2	0.87	6.7	0.93	7.2	0.87	7.3	0.85				
	85.7 82.0 27.5 135.3 135.3 70.6 100 98.0 74.0 12.0 0.0 36.0 20.0 45.2 60.0	This Pro Facility Peer % 85.7 80.8 82.0 73.7 27.5 19.8 135.3 137.9 135.3 138.0 70.6 62.1 100 94.4 98.0 94.8 74.0 72.0 12.0 17.7 0.0 0.8 36.0 31.0 20.0 20.9 45.2 45.3 60.0 56.0	This Proprietary Facility Peer Group Ratio 85.7 80.8 1.06 82.0 73.7 1.11 27.5 19.8 1.39 135.3 137.9 0.98 135.3 138.0 0.98 70.6 62.1 1.14 100 94.4 1.06 98.0 94.8 1.03 74.0 72.0 1.03 12.0 17.7 0.68 0.0 0.8 0.00 36.0 31.0 1.16 20.0 20.9 0.96 45.2 45.3 1.00 60.0 56.0 1.07	This Proprietary 50 Facility Peer Group 8 Ratio 8 85.7 80.8 1.06 83.7 82.0 73.7 1.11 72.8 27.5 19.8 1.39 22.7 135.3 137.9 0.98 113.6 135.3 138.0 0.98 115.9 70.6 62.1 1.14 48.0 100 94.4 1.06 94.7 98.0 94.8 1.03 93.1 74.0 72.0 1.03 67.2 12.0 17.7 0.68 21.5 0.0 0.8 0.00 0.7 36.0 31.0 1.16 39.1 20.0 20.9 0.96 17.2 45.2 45.3 1.00 46.1 60.0 56.0 1.07 58.7	This Proprietary 50-99 Facility Peer Group % Ratio % Ratio 85.7 80.8 1.06 83.7 1.02 82.0 73.7 1.11 72.8 1.13 27.5 19.8 1.39 22.7 1.21 135.3 137.9 0.98 113.6 1.19 135.3 138.0 0.98 115.9 1.17 70.6 62.1 1.14 48.0 1.47 100 94.4 1.06 94.7 1.06 98.0 94.8 1.03 93.1 1.05 74.0 72.0 1.03 67.2 1.10 12.0 17.7 0.68 21.5 0.56 0.0 0.8 0.00 0.7 0.00 36.0 31.0 1.16 39.1 0.92 20.0 20.9 0.96 17.2 1.16 45.2 45.3 1.00 46.1 0.98 60.0 56.0 1.07 58.7 1.02	This Proprietary 50-99 Ski Facility Peer Group Peer Group Ratio Ra	This Proprietary 50-99 Skilled Peer Group % Ratio % Ra	This Proprietary 50-99 Skilled All Facility Peer Group Peer Group Ratio				